GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:248
ANSWERED ON:10.08.2005
NORMS FOR OPENING OF HEALTH SUB CENTRES .
Mahajan Smt. Sumitra;Singh Shri Chandrabhan Bhaiya

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the extent of rural population is the criteria for opening health sub-centres in the States;

(b) if so, the number of health sub-centres required as per the census 2001, State-wise;

(c) the number of health sub-centres existing and the number of health sub-centres yet to be approved in the States particularly in Madhya Pradesh as per the census 2001, State-wise;

(d) whether the Government will consider to formulate norms for opening health sub-centres on the basis of distance or area of the States;

(e) if so, the time by when such norms will be spelt out;

(f) if not, the reasons therefor;

(g) whether any proposal from the States has been received by the Union Government in this regard particularly from Madhya Pradesh; and

(h) if so, the action taken thereon, State-wise?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(h): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 248 FOR 10TH AUGUST, 2005

(a) to (c): Yes, Sir. A Sub-centre is established as per population norms of 5000 in plain and 3000 in tribal/hilly areas. The number of Health Sub-centres required as per 2001 population norm in the country is 158792. The State-wise number of Health Sub-centres required as per 2001 population norm as on September, 2004, and shortfall is Annexed. As far as State of Madhya Pradesh is concerned, 8835 Sub-centres are functioning at present with shortfall of 1567 Sub- centres.

(d) to (e) A Task Group has been constituted on 20.7.2005 on `Financial Guidelines for the National Rural Health Mission (NRHM).` One of the Terms of Reference of the Group is to advise on the need to revise the population norms for primary health infrastructure, especially for hilly, tribal and desert districts. The Task Group has been mandated to submit its report by 30th September, 2005.

(f): Does not arise.

(g) to (h): A request has been received only from the State of Uttar Pradesh with a request for adopting a Gram Panchayat-wise norm for establishment of a Sub- centre, which would also be looked into by the Task Group.

ANNEXURE

SHORTFALL IN HEALTH INFRASTRUCTURE AS PER 2001 POPULATION IN INDIA

S.No.	State/UT	Sub Centres		
		R	P (As on Sept. 2004)	S

1.	Andhra Pradesh	11699	12522	#
2.	Arunachal Pr.	254	376	#
3.	Assam	5063	5109	#
4.	Bihar	14959	10337	4622
5.	Chhattisgarh	4164	3818	346
6.	Goa	135	172	#
7	Gujarat	7263	7274	#
8.	Haryana	3005	2433	572
9.	Himachal Pr.	1128	2067	#
10.	Jammu & Kashmir	1666	1879	#
11.	Jharkhand	5057	4462	595
12.	Karnataka	7369	8143	#
13.	Kerala	4761	5094	#
14.	Madhya Pradesh	10402	8835	1567
15.	Maharashtra	12153	9727	2426
16.	Manipur	412	420	#
17.	Meghalaya	597	401	196
18.	Mizoram	146	351	#
19.	Nagaland	535	394	141
20.	Orissa	7283	5927	1356
21.	Punjab	3219	2852	367
22.	Rajasthan	9554	9926	#
23.	Sikkim	109	147	#
24.	Tamil Nadu	7057	8682	#
25.	Tripura	659	539	120
26.	Uttaranchal	1294	1525	#
27.	Uttar Pradesh	26344	18577	7767
28.	West Bengal	12101	10356	1745
29.	A & N Islands	51	107	#
30.	Chandigarh	18	13	5
31.	D & Nagar Haveli	50	38	12
32.	Daman & Diu	21	21	0
33.	Delhi	188	42	146
34.	Lakshadweep	11	14	#
35.	Pondicherry	65	75	#
India		158792	142655	21983

Notes: The requirement is calculated on the basis of final total and tribal population of Census, 2001 in rural areas using the prescribed norms. All India shortfall is derived by adding state-wise figures of shortfall ignoring the existing surplus in some of the states.

In-position figures are provisional

R : Required
P : In Position
S : Shortfall
: Surplus.